

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. The Authority has been able to serve all the low-income, very-low income and extremely low income families that reside in the jurisdiction of the Authority. The waiting lists are very small for all size units.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The Authority is striving to reduce the turn-around times of vacate units and reduce the waiting time of applicants on the waiting lists.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. THE AUTHORITY HAS MET THE GOALS AS OUTLINED IN THE 5 YEAR PLAN.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" THE AUTHORITY'S DEFINITIONS ARE AS FOLLOWS.</p> <p>SIGNIFICANT AMENDMENT---A SIGNIFICANT AMENDMENT WOULD BE THE ADDITION OF EMERGENCY AND NON-EMERGENCY WORK ITEMS THAT WERE NOT INCLUDED IN THE 5 YEAR OR ANNUAL PLAN, BUT REQUIRE IMMEDIATE ATTENTION TO CORRECT POTENTIAL PROBLEM AREAS.</p> <p>SUBSTANTIAL DEVIATION---ANY ADDITION OR DELETION OF ANY NEW OR OLD PROGRAM OR ACTIVITY, CHANGES TO RENT OR ADMISSION POLICIES. A SUBSTANTIAL DECREASE OF FUNDS IN THE CAPITAL FUND PROGRAM THAT WOULD ELIMATE OR MODIFY MODERNIZATION WORK ITEMS THAT HAVE ALREADY BEEN APPROVED AND THAT WOULD RERQUIRE THE BOARD OF COMMISSIONERS TO ESTABLISH PRIORITIES FOR THE REQUIRED MODERNIZATION WORK BASED OF THE AVAILABILITY OF FUNDS.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: AL09P18950110 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	2,000.00			
5	1411 Audit	4,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,674.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	18,232.00			
10	1460 Dwelling Structures	303,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	17,932.84			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

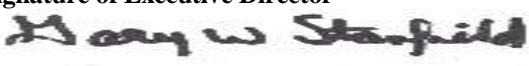
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: AL09P18950110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	134,547.16			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	498,386.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 09/28/2009		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: AL09P18950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	2,000.00			
5	1411 Audit	4,000.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,674.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	18,832.00			
10	1460 Dwelling Structures	303,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	14,296.09			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

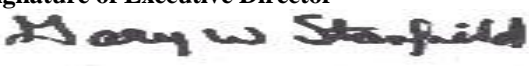
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: AL09P18950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	137,583.91			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	498,386.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 9/28/2009		Signature of Public Housing Director 	
				Date	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
Development
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: AL09S18950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,558.00	38,558.00	38,558.00	14,470.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	604,088.00	604,088.00	604,088.00	20,487.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: AL09S18950109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	642,646.00	642,646.00	604,088.00	20,487.50
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 09/16/2009		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTH.		Grant Type and Number Capital Fund Program Grant No: AL09P18950108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	2,000.00	2,319.44	2,319.44	2,319.44
5	1411 Audit	4,000.00	1,250.00	1,250.00	1,250.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,674.00	18,674.00	18,674.00	18,674.00
8	1440 Site Acquisition				
9	1450 Site Improvement	18,232.00	7,737.39	7,737.39	7,737.39
10	1460 Dwelling Structures	293,000.00	300,423.36	248,580.00	241,424.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	0.00	41,900.00	41,900.00	41,900.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: TOP OF ALA. REGIONAL HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: AL09P18950108 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant:2008 FFY of Grant Approval: 2008			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	135,394.81	135,374.81	135,394.81	135,394.81
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	36,398.19	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	507,699.00	507,699.00	455,855.64	313,304.83
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 09/01/2009	Signature of Public Housing Director 		
			Date		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Page 15

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: TOP OF ALABAMA REGIONAL HOUSING AUTHORITY				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-WIDE	09/30/2010		09/30/2012		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program-Five Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PART I: SUMMARY						
PHA: TOP OF ALABAMA REGIONAL HOUSING AUTH			Locality (BOAZ, MARSHALL, ALABAMA)		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B	Physical Improvements Subtotal	Annual Statement	339,775.13	323,000.00	339,706.11	338,645.70
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			18,074.65		
E	ADMINISTRATION		2,000.00	2,000.00	2,000.00	2,000.00
F.	Other		22,180.00	22,180.00	22,180.00	22,180.00
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service		134,430.87	133,131.35	134,499.89	135,560.30
K.	Total CFP Funds		498,386.00	498,386.00	498,386.00	498,386.00
L.	Total Non-CFP Funds					
M.	Grand Total		498,386.00	498,386.00	498,386.00	498,386.00

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL	AL189-3 OWENS COURT—AL189-1 HIDDEN SPRINGS			AL189-4 & 189-6 GURLEY GARDENS		
Statement						
	INSTALL METAL ROOFS	60	303,000.00	INSTALL METAL ROOFS	50	303,000.00
	DWELLING EQUIP. NON-EXPENDABLE Replace ranges and ref.	75	36,775.13	PHA-WIDE SITE IMPROVEMENTS Repair sidewalks, parking bays re-sod as needed NON-DWELLING EQUIP. Replace lawn equipment		20,000.00 18,074.65
	ADMIN.		2,000.00	ADMIN.		2,000.00
	A&E FEES & COST		18,180.00	A&E FEES & COSTS		18,180.00
	DEBT SERVICE		134,430.87	DEBT SERVICE		133,131.35
	AUDIT		4,000.00	AUDIT		4,000.00
	Subtotal of Estimated Cost		\$498,386.00	Cost Subtotal of Estimated		\$498.386.00

[illegible]

PUBLIC HEARINGS

BOARD OF COMMISSIONERS

A meeting was held on August 18, 2009 with the Board of Commissioners on the 5 year and Annual plan being prepared for FY2010. Items discussed were the work items that were planned, depending on the funding received by the Authority. Items included installing metal roofs, install security screens, replacing exterior doors as needed, replacing HVAC units as required. Additional parking bays will be added and landscaping at all Developments as needed. **BOARD WAS PLEASED WITH THE WORK PLANNED AND NO COMMENTS WERE RECEIVED.**

RESIDENT ADVISORY COUNCIL

A meeting was held on August 25, 2009 with the Resident Advisory Councils of Ider Homes and Hidden Springs Court. Residents were invited to attend, but no one attended. Items discussed with the Council were the on-going work items and work that was planned if funds become available. Council was advised, metal roofs would be installed at Hidden Springs Court when funding becomes available, security screens will be installed on all windows, some landscaping would be completed and would try to add some additional parking spaces. **COUNCIL WAS PLEASED WITH THE WORK PROPOSED AND WHAT HAD BE ACCOMPLISHED.**

A meeting was held on August 25, 2009 with the Resident Advisory Council of Triangle Acres, Residents were invited to attend but no one attended. Comments were about additional parking bays, how long it will take to install the HVAC . All comments were addressed. **COUNCIL WAS PLEASED WITH THE WORK PROPOSED.**

A meeting was held on August 28, 2009 with the Resident Advisory Councils of Madison Homes, Tanner Homes, Owens Court and Gurley Gardens. Residents were invited to attend, but no one attended. Comments received concerned, metal roofs, security screens and landscaping. All the comments were addressed. **COUNCILS WAS PLEASED WITH THE WORK PROPOSED.**

PUBLIC HEARINGS

Notices were published in local newspapers informing the public of the hearing to be held concerning the 5-year and Annual Plans. The dates are as follows:

September 15, 2009---TRIANGLE ACRES, GURLEY GARDENS

September 16, 2009---ARDMORE HOMES, MADISON HOMES, TANNER HOMES, OWENS COURT

September 17, 2009---HIDDEN SPRINGS COURT, IDER HOMES

Public hearings were held on the above dates. Those attending were pleased with the plan outline and no comments were received.

VIOLENCE AGAINST WOMEN ACT

The Top of Alabama Regional Housing Authority is striving to fully comply with all requirements of the Violence against women Act. The Authority will not deny admission to an applicant who has been a victim of domestic violence, dating violence, or stalking. To be admitted to the program the applicant must meet all other admission requirements.

The Authority will not terminate assistance to a victim of domestic violence, dating violence, or stalking based solely on an incident or threat of such activity. The Authority still retains the right to terminate assistance for other criminal activity or good cause.

The Authority when notified of cases of domestic violence, dating violence, sexual assault or stalking, the victims are referred to the agencies in the County, City or Town where the violence occurred.

The Authority provides all applicants with information regarding the Violence Against Women Act during the application process.